



PART B - FEE(S) TRANSMITTAL

10-24-06

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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Cynthia Poser	(Depositor's name)
<i>Cynthia Poser</i>	(Signature)
October 23, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,368	07/09/2003	Thierry Verpoort	069208.0112	1219

TITLE OF INVENTION: SELECTIVE DELEUKOCYTATION UNIT FOR A PLATELET PRODUCT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENON, KRISHNAN S	1723	210-645000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Baker Botts L.L.P.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MacoPharma

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mouvoux, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0383 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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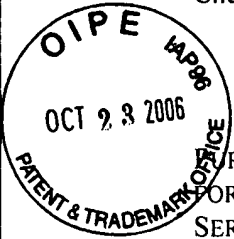
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Typed or printed name

Paul R. MoricoRegistration No. 35,960

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

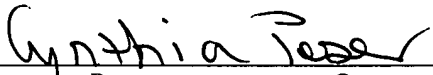
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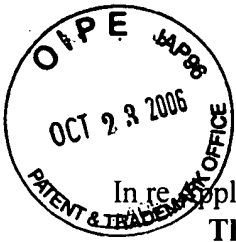
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U.S.S.N.: 10/616,368
FILING DATE: 07/09/2003
APPLICANT: THIERRY VERPOORT, ET AL.
GROUP ART UNIT: 1723
EXAMINER: MENON, KRISHNAN S.
ATTORNEY DOCKET NO. 069208.0112
TITLE: "SELECTIVE DELEUKOCYTATION UNIT FOR A PLATELET PRODUCT"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. TRANSMITTAL FOR ISSUE FEE;
2. PART B - FEE(S) TRANSMITTAL;
3. CHECK NO. 982091 IN THE AMOUNT OF \$1,700.00 FOR TOTAL ISSUE AND PUBLICATION FEES; AND
4. RETURN POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE ITEMS.

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PTO CUSTOMER NUMBER: **023640**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
Thierry Verpoort, et al.

Serial No.: **10/616,368**

Filing Date: **07/09/2003**

Title: **Selective Deleukocytation Unit for
A Platelet Product**

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§

Group Art Unit: **1723**

Examiner: **Menon, Krishnan S.**

Docket No.: **069208.0112**

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TRANSMITTAL FOR ISSUE FEE

Dear Sir:

Transmitted herewith is an **Issue Fee Transmittal** in connection with the above-identified

Application. Also enclosed are:

1. Check number 982091 in the amount of \$1,700.00 for total Issue Fee and Publication Fee; and
2. Return postcard to acknowledge receipt of documents.

Respectfully Submitted,

BAKER BOTTS L.L.P. (023640)

By: 

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DATE: October 23, 2006